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Abstract 174

TITLE: Trends In Blood And Body Fluid (BBF) Exposures In Acute Care Hospitals (Achs) **AUTHORS:** Robillard P(^{1,2}), Roy É(^{1,2}), Larouche L(¹) (¹-Montreal Regional Public Health, ²-McGill University, Joint Departments of Epidemiology, Biostatistics and Occupational Health)

OBJECTIVES: To study the trends in BBF exposures over a two-year period in a sample of acute care hospitals participating in the SISES network.

METHODS: A surveillance network (named SISES) for BBF exposures in ACHs was established in 1996. Data on exposures reported by health care workers (HCWs) are collected by employee health services using a standardized questionnaire and software. Data are transferred twice a year to SISES for analysis. As of Jan. 1999, 21 ACHs were participating in SISES. Trends presented here are from a subset of 6 ACHs that participated in SISES for the following periods: 04/01/96 - 03/31/97 (year 1) and 04/01/97 - 03/31/98 (year 2).

RESULTS: 887 exposures were reported in year 1 and 816 in year 2. Rates for year 1 and 2 were respectively: 74.4 and 73.8 per 100,000 patient-days; 25.9 and 25.3 per 100 beds; and 7.7 and 7.5 per 100 employees. Exposures associated with recapping decreased significantly from 14.5% in year 1 to 7.1% in year 2 (p<0.001). There was a significant increase in exposures occurring during use of a device, from 25.5% to 31.0% (p=0.02) and in exposures associated with loose needles, from 8.4% to 11.9% (p=0.03). For each year, 85.9% of source patients were tested for HIV, 6.3% were HIV-infected in year 1, and 3.5% in year 2 (p=0.03). In year 1, HCWs exposed to an HIV-infected source received various post-exposure prophylaxis regimen (mono, dual and triple therapy) whereas they were only prescribed triple therapy in year 2.

CONCLUSIONS: Rates of exposures did not decrease significantly during the study period. Needle recapping has decreased but exposures occuring during use of a device and those related to loose needles are on the rise. However, the risk of occupational exposure to HIV in ACHs may have decreased over time since prevalence in source patients has declined. This reduction may be related to the efficacy of new therapies in reducing hospitalization of HIV-infected patients.

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